

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 12, 2015

Ms. Heather Presch, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156-2106

Dear Ms. Presch:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 14, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2015
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475025 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/14/2015 |
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| NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE 106 CHESTER RD SPRINGFIELD, VT 05156 |
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F 000 INITIAL COMMENTS

An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 10/14/15. There were regulatory findings surrounding the investigation.

F 226 483.13(c) DEVELOP/IMPLMENT
SS-D ABUSE/NEGLECT, ETC POLICIES

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

This REQUIREMENT is not met as evidenced by:

Based on staff interviews and record review, the facility failed to implement their written policies and procedures for protection of a resident after allegations of abuse for 1 of 2 residents in the sample, Resident #1. Findings include:

Resident #1 has a diagnosis of Alzheimer's Disease and is dependent on staff for care. It was reported to the Director of Nursing (DON) on 8/18/15 that an allegation of physical abuse from a Licensed Nursing Assistant (LNA) toward resident #1 had occurred the evening before (8/17/15). Per interview with the DON on 10/14/15 at 2:44 PM, the Licensed Practical Nurse (LPN) did not send the LNA home and s/he has actually worked a double shift from 3:00 PM on 8/17/15 to 7:00 AM on 8/18/15, nor did s/he contact the administrator or DON at the time of the incident. Per statement of the LPN s/he was made aware of the allegation about 10:40 PM on 8/17/15. The DON confirmed that the LNA

F 000

F226

Develop/Implement
Abuse/Neglect, Etc Policies

F 226

The following was completed as corrective action for all residents found to be potentially affected by the alleged deficient practice. Education will be provided to staff on policy and the process that occurs in the event of an allegation of abuse. Education will be completed by 11/11/15.

An audit will be completed weekly by the DNS or designee to monitor the effectiveness of the plan. The results of these audits will be reported by the DNS or designee to the QAPI committee. The QAPI committee will evaluate the data and act on the information as indicated and at the end of three months determine further frequency of the audits.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert Hesch</i> | TITLE <i>Executive Director</i> | (X6) DATE <i>11/10/15</i> |
|--|------------------------------------|------------------------------|

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226 Continued From page 1
should have been sent home and that the LPN should have notified him/her at the time s/he learned of the allegation.

F 250 483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE

The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to provide social services to attain or maintain the highest practicable mental and psychosocial well being after an allegation of abuse for 1 of 2 residents in the sample, Resident #1. Findings include:
Resident #1 has a diagnosis of Alzheimer's Disease and per interview with the charge nurse on 10/14/15 at 1:35 PM, s/he has cognitive deficit. During an attempt to interview the resident at 1:40 PM presented with no response to questions, but that s/he jumped when touched by the nurse. On 8/17/15 there were allegations of physical abuse from staff and this was made known to the Director of Nurses (DON) on 8/18/15. The charge nurse stated that s/he had heard that someone had allegedly been rough getting Resident #1 into the bed. During an interview with the DON on 10/14/15 at 2:44 PM, s/he confirmed that there were social service notes or nurse notes to assess and monitor Resident #1 for psychosocial well-being following

F 226 F250 Provision of Medically Related Social Service

F 250 The following was completed as corrective action for all residents found to have the potential to be affected by the alleged deficient practice. A Psychosocial Evaluation was completed for Resident #1 to determine psychosocial stability.

Education will be provided to Social Services staff regarding the completion of a psychosocial evaluation in the event of an allegation of abuse. Education will be completed by 11/11/15.

A random audit will be completed by the ED or designee, as needed with allegations of abuse to monitor the effectiveness of the plan. The results of these audits will be reported by the ED or designee to the QAPI committee.

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F 250 : Continued From page 2
the alleged incident.
F 280 : 483.20(d)(3), 483.10(k)(2) RIGHT TO
PARTICIPATE PLANNING CARE-REVISE CP

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility failed to insure the revision of care plans for 1 of 3 residents in the sample, Resident #1. Findings include:

Resident #1 has a diagnosis of Alzheimer's disease, per interview with the unit charge nurse at 1:35 PM on 10/14/15, the resident has been declining for the past three (3) weeks and requires transfers either by way of 2 person

F 250 :
F 280 :
The QAPI committee will evaluate the data and act on the information as indicated and at the end of three months determine further frequency of the audits.

FASD POC accepted 11/12/15 BB/ku/pa/pkc

F280 Right to Participate Planning Care-Revise CP

The following was completed as corrective action for all residents found to be potentially affected by the alleged deficient practice. Education will be provided to nursing staff regarding the requirements for Care Plan revision and RN review of the Care Plan. Education will be completed by 11/11/15.

A weekly audit will be conducted by the DNS or designee to monitor the effectiveness of the plan. The results of the audit will be reported by the DNS or designee to the QAPI committee.

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| F 280 | Continued From page 3 extensive assist or mechanical lift. S/he stated that the resident will stand with 2 persons and is often stiff and does not sit well. The charge nurse also stated that Resident #1 is in bed except for meals and only for a half hour at a time and that he does not ambulate in the hall. Review of the care plan for Resident #1 dated 7/12/11 and revised 3/29/12 and signed by a Licensed Practical Nurse, presents that s/he walks with limited assist of one as needed in hallway and his room. Charge nurse confirmed at 2:05 PM that the care plan does not reflect decline and the revision was not completed by a Registered Nurse. | F 280 | The QAPI Committee will evaluate the data and act on the information as indicated and at the end of three months determine further frequency of the audits. <i>F280 POC accepted 11/12/15 B. Butler RN/PMC</i> | |